

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

30

DATE OF DEATH 3-3 AND 33 PLACE OF RESIDENCE X	1. PLACE OF DEATH A. COUNTY <u>Graham</u>		B. LENGTH OF STAY IN THIS TOWN <u>37 yrs</u> IN ARIZONA <u>68 yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)			
	C. CITY OR TOWN <u>Safford</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE <u>Ariz</u>		B. COUNTY <u>Graham</u>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION		(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		C. CITY OR TOWN <u>Safford</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
PRECEDENT PERSONAL DATA 1/68 0 35-4	3. NAME OF DECEASED (TYPE OR PRINT) <u>ABNER WILLIAM CHESLEY</u>			4. SEX <u>M.</u>	5. COLOR OR RACE <u>W.</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>		
	6B. NAME OF SPOUSE <u>Effie Chesley</u>		7. DATE OF BIRTH MONTH <u>Sept</u> DAY <u>24</u> YEAR <u>1885</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>68</u>	IF UNDER 1 YEAR MONTHS <u>—</u> DAYS <u>—</u>	IF UNDER 24 HRS. HOURS <u>—</u> MIN. <u>—</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Labourer</u>	
	9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Ariz</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)		13. SOCIAL SECURITY NO. <u>526-16-9295</u>		
	14A. FATHER'S NAME <u>Abner W. Chesley</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>	15A. MOTHER'S MAIDEN NAME <u>Sarah J. Blair</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>		
	16. INFORMANT'S SIGNATURE <u>X Effie Chesley Safford Ariz</u>			ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Mar. 3 - 1954</u>		
CAUSE OF DEATH ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>1341</u> THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTION.		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) <u>Cerebral Apoplexy</u> DUE TO (B) <u>Congestive Heart Failure</u> DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 year</u>	
	11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.							
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DEATH DUE TO INTERNAL FORCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)			
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
MEDICAL CORONER'S FICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Dec</u> , 19 <u>53</u> , TO <u>March</u> , 19 <u>54</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>March 3</u> , 19 <u>54</u> , AND THAT DEATH OCCURRED AT <u>3:45 a.m.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	23A. SIGNATURE <u>J. H. Miller M.D.</u> (DEGREE OR TITLE)				23B. ADDRESS <u>411 Central Ave.</u>		23C. DATE SIGNED <u>5 March 1954</u>	
GENERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Mar. 5 - 54</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Hubbard Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Graham Co.</u>	
	25A. DATE REC'D BY LOCAL REG. <u>March 5-1954</u>		25B. REGISTRAR'S SIGNATURE <u>J. H. Miller</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Rawson</u>		ADDRESS <u>Safford</u> CERT. NO. <u>116A</u>	